### 

Application form for BDA CPD Approval

# This application form is for BDA CPD Approval only.

# Section 1: Organisation Details

### Place ‘X’ next to the type of organisation:

BDA Specialist Group Third Sector Organisation

Other AHP Association Commercial company

Freelance Dietitian Large charity

Small/medium charity Other (please explain in space below)

Higher Education Institute

Name of organisation:

Contact Name:

E-mail address:

Telephone Number:

Postal Address:

# Section 2: Resource Details

Title of learning activity:

**Place ‘X’ next to the type of learning activity:**

In person training Online training

Webinar Podcast

Other (please specify in space below)

Target Audience:

Dates and Venues (if appropriate) *\*please list all dates/venues if repeated*

Length of learning activity:

Attendance Fee(s):

Is this subsidised, if yes how?

# Section 3: Content

Overall aim/purpose:

Learning outcomes of the activity:

How are the stated learning outcomes achieved, if applicable, how are these assessed?

Please indicate all BDA, PEN and nationally recognised sources of guidance such as NICE have been taken into account when developing this content:

Have you checked the [BDA policy and position statements and guidance](https://www.bda.uk.com/news-campaigns/policies/policy-statements.html) and where appropriate, taken these into account:

Yes No

If you have referred to any BDA policy or position statement or guidance, please outline which:

Please review the [BDA classroom courses](https://www.bda.uk.com/practice-and-education/education/cpd/bda-classroom-courses/cpd-full-course-list.html), if your learning activity covers a similar topic, please outline how you feel your course is different or bridges an existing gap:

Please list your reference list and sources of evidence you have used to develop your content:

Briefly describe the process in place to evaluate the programme and how its evaluation will be acted upon.

Please indicate the opportunities for participants to engage with post activity reflection:

Please indicate the equality, diversity and inclusion considerations taken into account when developing the activity, and how you have taken steps to reduce or remove barriers to participation for people with protected characteristics. It is best practice to conduct an Equality Impact Assessment prior to the development of any project, resource or activity. Please share a copy of your Equality Impact Assessment, if you have completed one:

If an activity is web-based, please provide a URL **(please ensure you include any username and password required for access):**

# Section 4: Professional Involvement

## Content Development

Please provide details of the dietitian/registered nutritionist/professional that has been involved in developing

the content, and their level of input:

Name:

Professional Qualification:

HCPC registration number or Nutrition Society Registration (if applicable):

BDA Member:

Yes No

Please tick whether they were an author or collaborator:

Author

Collaborator/ Other contributors

If you have more than one professional involved, please include the details of the additional people below:

## Facilitators and Speakers

Please provide details of the facilitators/speakers, if appropriate, delivering the nutrition and dietetic content of the learning activity:

Name:

Professional Qualification:

HCPC or Nutrition Society registration number, if applicable:

If you have more than one professional involved, please include the details of the additional people below:

# Section 5: Peer Review

The BDA require the content of all activities being submitted for BDA Approval to have been peer reviewed by an appropriately qualified professional, that can provide judgement which is free from bias. If your activity or course has not been peer reviewed, it will not be accepted for BDA Approval.

Please tick to confirm the contents of your activity or course has been peer reviewed by an appropriately qualified professional:

Yes No

Please provide details of the dietitian/registered nutritionist/professional that has peer reviewed the contents/activity:

Name:

Professional Qualification:

HCPC registration number (if applicable):

Committee member of a BDA Specialist Group?

Yes No

If yes, please state the committee role and Specialist Group:

# Section 6: Conflict of Interest

Please refer to the below definition of what needs to be recorded in this section:

The interests of an individual or organisation which might reasonably be thought by others to influence the production of the content in a learning activity – this could include being employed by a commercial company who manufacture products related to the topic area or a patient charity whose work involves lobbying for change in their patient area.

**Please note, if conflicts of interest are not declared, the BDA reserves the right to withdraw approval at any stage and will not be able to provide a refund for this.**

Please provide details of any partnership/sponsorship arrangements in place and state any sources of funding for the resource (please include any commercial products or services which will be promoted within this activity or resource):

Please declare any conflict of interest/potential conflicts of interests\* from **authors, reviewers and speakers** and what processes have been put in place to mitigate these:

Please declare any conflict of interest/potential conflicts of interests\* from the **organisation** and what processes have been put in place to mitigate these:

# Section 7: Additional Information

Please confirm if details of nutrition borderline substances (NBS), including Oral Nutrition Supplements, are mentioned in the learning activity:

Yes No

**If yes, please provide the following information:**

If nutrition borderline substances are mentioned (including Oral Nutrition Supplements) has the following been included:

* Optimise dietary nutritional intake through the food first approach

Yes No

Comments:

* When to deprescribe – oral nutrition support (which includes ONS) should be stopped when the patient is established on adequate oral intake from normal food or if a decision has been made to feed via another route, for example, enteral or parenteral nutrition (BDA, 2019)

Yes No

Comments:

* Oral nutrition supplements should not replace the provision of good food or nutritional care (including help with feeding and meal provision) in any setting (BDA, 2019)

Yes No

Comments:

* Patients receiving oral nutrition support should be monitored every three to six months or more frequently if there is a change in their clinical condition (NICE, 2006)

Yes No

Comments:

* Is the medicine’s formulary considered within the document?

Yes No

Comments:

* If your target audience is for those under two, have you adequately promoted breastfeeding?

Yes No

Please briefly support this:

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